HIPAA Notice of Privacy Practices

Insight Ophthalmology, PLLC

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI). “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I understand that I have the right to request that the Practice restrict how PHI about me is used for treatment, payment, or health care operations. I have the right to revoke this consent, as signed by me. However, this revocation shall not affect any disclosures the Practice have already made in reliance on your prior consent. Additionally, the Practice is not required to agree to this restriction.

This Practice provides this form in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I, the patient, understand that:

- Protected health information (PHI) may be disclosed or used for medical treatment or consultation, billing or claims payment, health care operations.
- This authorization for release of information covers the period of healthcare from all past, present, and future periods.
- Uses and disclosures for treatment records, payment information, and healthcare operations may be permitted without prior consent in an emergency.
- Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their PHI, but the Practice does not have to agree to those restrictions. Revocation shall not affect any disclosures already made, in reliance on your prior consent.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition receipt of treatment upon the execution of this Consent.

新光眼科 HIPAA 隐私通知书

本隐私通知书描述了我们如何使用您受保护的健康信息 (PHI)。“受保护的健康信息”(PHI)是关于您的信息，包括人口统计信息，这些信息可以识别您的身份，并且与您过去、现在或未来的身体/心理健康或状况以及相关的医疗保健服务有关。

我了解我有权要求该医务所限制我的 PHI 用于治疗、付款或医疗保健操作的方式。我有权撤销我签署的此同意书。但是，此撤销不会影响本医务所根据您的事先同意而已经做出的信息披露。此外，本医务所无需同意此限制。

本医务所提供的隐私通知书符合以及遵守 1996 年健康保险流通和责任法案 (HIPAA)的规定。

我，作为患者，明白：

- 受保护的健康信息 (PHI) 可能会被披露或用于医疗或咨询、账单或索赔支付、医疗保健操作。
- 本信息发布授权涵盖过去、现在和未来所有时期的医疗保健期间。
- 在紧急情况下，未经事先同意，可以允许使用和披露治疗记录、支付信息和医疗保健操作。
- 其他允许和要求的使用和披露只有在您同意的情况下才会进行，授权或反对机会，除非法律要求。
- 本医务所有一份隐私惯例通知书，患者有机会查看该通知书。
- 本医务所有更改隐私实践通知书的权利。

- 患者有权限制其 PHI 的使用方式，但本医务所不必同意这些限制。撤销也不会影响任何已根据您事先同意而进行的披露。
- 患者可以随时撤销本同意书，所有未来的信息披露将停止。
- 该诊所可能会以签署本同意书为接受治疗的条件。